

MDR Tracking Number: M5-04-0834-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 11-18-03. The disputed date of service 6-3-00 is untimely and ineligible for review per TWCC Rule 133.307 (d)(1) which states that a request for medical dispute resolution shall be considered timely if it is received by the Commission no later than one year after the dates of service in dispute. The Commission received the medical dispute on 11-18-03.

The IRO reviewed office visits, special report, FCE, and work hardening program from 4-22-03 through 6-25-03.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 2-2-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. Although the requestor did submit substantial additional information, the requestor failed to submit relevant information to support the two office visits denied as global. No reimbursement recommended.

This Decision is hereby issued this 3rd day of May 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable for dates of service 4-22-03 through 6-25-03 in this dispute.

This Order is hereby issued this 3rd day of May 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

Enclosure: IRO Decision

February 9, 2004

Ms. Rosalinda Lopez
Texas Workers Compensation Commission
MS48
7551 Metro Center Drive, Suite 100
Austin, Texas 78744-1609

NOTICE OF INDEPENDENT REVIEW DECISION Amended Determination

RE: MDR Tracking #: M5-04-0834-01
TWCC #:
Injured Employee:
Requestor: Central Dallas Rehab
Respondent: Texas Mutual Insurance Company
MAXIMUS Case #: TW03-0686

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the MAXIMUS external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The MAXIMUS chiropractor reviewer signed a statement

certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 26 year-old male who sustained a work related injury on _____. The patient reported that while at work he slipped and fell, landing on both knees. An MRI of the left knee dated 10/28/02 showed an old ACL tear with ACL fibers lying horizontally within the mid portion of the joint, a lateral meniscal tear in the mid portion and likely involving the anterior horn, chondromalacia of the lateral compartment and to a mild degree involving the medial compartment, and a small low Baker's cyst. The patient was treated with approximately three to four months with physical therapy and was then referred for an orthopedic evaluation. On 1/17/03 the patient underwent surgery to repair a torn meniscus of the left knee. Postoperatively, the patient was prescribed oral medication and treated with rehabilitative therapy. On 4/14/03 the patient underwent a repeat MRI of the left knee that showed an abnormal ACL with more horizontal fibers than usual, a complete avulsion at the level of the intercondylar notch is suspected and there is a mild strain of the medical collateral ligament as well as a posterior lateral meniscus signal. Nerve conduction studies performed on 3/28/03 indicated no electrophysiological evidence of lumbar radiculopathy, lumbosacral plexopathy, or distal mononeuropathy. X-Rays of the left knee taken on 4/29/03 were reported as showing intercondylar prominences and slight lateral tracking of the patella. X-Rays of the right knee taken 4/29/03 were reported as showing normal alignment with no evidence of fractures, foreign bodies or instabilities. A progress note dated 4/29/03 recommended that the patient continue with physical therapy and was also given a prescription for Vioxx.

Requested Services

Office visits, neuro proc, special report, functional capacity exam, work hardening from 4/22/03 through 6/25/03.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

The MAXIMUS chiropractor reviewer noted that this case concerns a 26 year-old male who sustained a work related injury to both knees on _____. The MAXIMUS chiropractor reviewer also noted that the patient underwent surgery to his left knee on 1/17/03 followed by postoperative therapy and oral medications. The MAXIMUS chiropractor reviewer indicated that this patient had marked instability of both knees with the left being much greater than the right. The MAXIMUS chiropractor reviewer explained that this instability had not been corrected with surgery and that the best option for this patient was conservative care. The MAXIMUS chiropractor reviewer explained that the care from 4/22/03 through 6/25/03 was primarily for work hardening. The MAXIMUS chiropractor reviewer also explained that it was important for

this patient to participate in a rehabilitation program before rejoining the work force due to his condition. Therefore, the MAXIMUS chiropractor consultant concluded that the office visits,

neuro proc, special report, functional capacity exam, work hardening from 4/22/03 through 6/25/03 were medically necessary to treat this patient's condition.

Sincerely,
MAXIMUS

Elizabeth McDonald
State Appeals Department